	Α	В	С	D	Е	F	G	Н	ı	J	K	L	М	N	0	Р	Q
1	BHO 27								Companion F	le Al	ways C	ouple With A 1	ennCare 834	Transaction		Tennes	see Specific Values
		Elem Use	Min Len	Max Len	DataT ype	Seg Use	Seg Rep	Loop ID			Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
2					,,,,						2.04.2		7			14.400	
3	ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03			Preferred value is 00
4	ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information					
5	ISA03	R	2	2	ID	R	1	l	INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01			Preferred value is 00
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information					
7	ISA05	R	2	2	ID	R	1	l	INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33,			Preferred value is ZZ
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID					TennCare's ID 626001445TC.
9	ISA07	R	2	2	ID	R	1	ı	INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, 77			Preferred value is ZZ
10		R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID					This value will be the Sender Trading Partner ID.
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			This is the date when the file/batch is created by TCMIS.
12	ISA10	R	4	4	TM	R	1	ı	INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13		R	1	1	ID	R	1	ı	INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14		R	5	5	ID	R	1	i	INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R	1	ı	INTERCHANGE CONTROL HEADER			Interchange Control Number					Same as IEA02
16	ISA14	R	1	1	ID	R	1	ı	INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17		R	1	1	ID	R	1	i	INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			
18		R	1	1		R	1	ı	INTERCHANGE CONTROL HEADER			Component Element Separator					
19	GS01	R	2	2	ID	R	1		FUNCTIONAL GROUP HEADER			Functional Identifier Code		НВ			
20		R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER		_	Application Sender's Code					Same as ISA06
21	GS03 GS04	R R	8	15 8	AN DT	R R	1		FUNCTIONAL GROUP HEADER FUNCTIONAL			Application Receiver's Code Date		Format:			Same as ISA08
22 23	GS05	R	4	8	TM	R	1		GROUP HEADER FUNCTIONAL GROUP HEADER			Time		CCYYMMDD			
24	GS06	R	1	9	N0	R	1		FUNCTIONAL GROUP HEADER			Group Control Number		V			
25	CSUS	R R	1	12	ID AN	R R	1		FUNCTIONAL GROUP HEADER FUNCTIONAL			Responsible Agency Code Version/Release/		X 004010X092A1			
26	3000	'\	<u>'</u>	12	AIN	i.v] '		GROUP HEADER			Industry ID Code		004010A092A1			

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	BHO 27								Companion Fi	le Alv		ouple With A T	ennCare 834	Transaction	-	Tenness	see Specific Values
2	Element			Max	DataT	Seg			Loop Name			DED Name	Industry Name or Alias		HIPAA Notes	TN Valid Values	TN Notes
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		271		271	
28	ST02	R	4	9	AN	R	1		TRANSACTION SET HEADER			Transaction Set Control Number			Must be identical to SE02 value		
29	BHT01	R	4	4	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Hierarchical Structure Code		0022		0022	
30		R	2		ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose Code		11		11	
31	BHT03	S	1	30	AN	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Reference Identification	Submitter Transaction Identifier		Required to be used ONLY if transaction is processed in real time do not use for batch transactions. Must be returned in a real-time 271 transaction if one is submitted in 270		
32	BHT04	R	1	8	DT	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Date	Transaction Set Creation Date	Format: CCYYMMDD	Use this date for the date the transaction set was generated.		
33		R	1	2	ID	R	1		INFORMATION SOURCE LEVEL	>1		Hierarchical Level Code		20	20 = Information Source	20	
34	HL04	R	1	1	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Child Code		0,1		1	
35	NM101	R	2	3	ID	R	1		INFORMATION SOURCE NAME	1		Entity Identifier Code		2B, 36, GP, P5, PR	2B=3rd party admin; 36=Employer; GP=Gateway provider; P5=Plan Sponsor; PR=Payer	P5	
36	NM102	R	1	1	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Type Qualifier		1, 2	1=person; 2=non-person entity	2	
37	NM103	S	1	35	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Name Last or Organization Name	Information Source Last or Organization Name			TennCare	
38	NM108	R	1	2	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code Qualifier		24, 46, FI, NI, PI, SV, XX		FI	
39	NM109	R	2	80	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code	Information Source Primary Identifier			62-6001445	TennCare's Tax ID
40		R	1	2	ID	S	1		INFORMATION RECEIVER LEVEL	>1		Hierarchical Level Code		21	21=Information Receiver.	21	
41		R	1	1	ID	S	1		RECEIVER LEVEL	>1		Hierarchical Child Code		0, 1	0=no subordinate levels; 1=subordinate levels exist.	1	
42	NM101	R	2	3	ID	R	1		INFORMATION RECEIVER NAME	1		Entity Identifier Code		1P, 2B, 36, 80, FA, GP, P5, PR		PR	
43		R	1	1	ID	R	1		INFORMATION RECEIVER NAME	1		Entity Type Qualifier		1, 2		2	
44	NM103	S	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Last or Organization Name	Information Receiver Last or Organization Name				MCC Name
45		R	1	2	ID	R	1		INFORMATION RECEIVER NAME	1		Identification Code Qualifier		24, 34, FI, PI, PP, SV, XV, XX		FI	
46		R	2	80	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code	Information Receiver Identification Number		Qualified by NM108		MCC Tax ID
47		R	1	2	ID	S	1	2000C	SUBSCRIBER LEVEL	>1		Hierarchical Level Code	ivumbei	22	22=Subscriber	22	
48	HL04	R	1	1	ID	S	1		SUBSCRIBER LEVEL	>1		Hierarchical Child Code		0, 1	0=no subordinate levels; 1=subordinate levels exist.	0	
49		R	2		ID	R	1		SUBSCRIBER NAME			Entity Identifier Code		IL	IL=Insured or Subscriber	IL	
50	NM102	R	1	1	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Type Qualifier		1	1=Person	1	

	Α	В	С	D	E	F	G	Н	l I	J	K	l L	М	N	0	Р	Q
1									Companion F			ouple With A T				Tenness	see Specific Values
								-		Loop		DED Name	Industry Name or		HIPAA Notes	TN Valid	TN Notes
	ID	Use		Len	уре	Use		ID		Rep	Seq ID		Alias	Values		Values	
2																	
	NM103	S	1	35	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber Last Name		Required unless a rejection response is generated and this element was not valued		
51												· ·			in the request.		
	NM104	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name First	Subscriber First Name		Required unless a rejection response is generated and this element was not valued		
52															in the request.		
	NM105	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Middle	Subscriber Middle Name		Required if this is available from the Information Source's database unless a		
53															rejection response is generated and this		
	NM107	S	1	10	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Suffix	Subscriber Name		element was not valued in the request. Use if available		
54			_										Suffix				
	NM108	S	1	2	ID	R	1	2100C	SUBSCRIBER NAME	1		Identification Code Qualifier		MI	MI = Member Identification Number. When the HIPAA Individual Identifier has been	MI	
															adopted, then the only valid value will be		
															'ZZ'. Required unless a rejection response is		
55															generated and this element was not valued		
	NM109	S	2	80	AN	R	1	2100C	SUBSCRIBER NAME	1	1	Identification Code	Subscriber Primary		Required unless a rejection response is		Subscriber's SSN
56													Identifier		generated and this element was not valued in the request.		
_	2110C:														III the reduest.		Loop 2110C: Reps 1 & 2
57	Rep 1 & 2																(Inpatient Limit Current Year)
	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER	>1		Eligibility or Benefit		1-8, A-C, CB, D-		F	Value 'F' indicates 'limitations'.
									ELIGIBILITY OR BENEFIT			Information		M, MC, N-Y			
58			_						INFORMATION								
	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR	>1						IND	Value 'IND' indicates 'individual'.
59									BENEFIT								
	EB03	S	1	2	ID	S	1	2110C	INFORMATION SUBSCRIBER	>1						48	Hospital - Inpatient
									ELIGIBILITY OR								
60									BENEFIT INFORMATION								
	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Insurance Type Code		12-16, 41-43,	This information qualifies type of policy	ОТ	
									BENEFIT			Code		CP, D, DB, EP,	within insurance program defined in EB03.		
									INFORMATION					FF, GP, HM, HN,			
														HS, IN, IP, LC, LD, LI, LT, MA-			
														MC, MH, MI, MP	,		
														OT, PE, PL, PP,			
														PR, PS, QM, RP, SP, TF, WC,			
61														WU			
	EB05	S	1	50	AN	S	1		SUBSCRIBER	>1		Plan Coverage					See the Benefit Limits Grid for the definitions
									ELIGIBILITY OR BENEFIT			Description				- Current Year Days	of Benefit Indicators.
62	EB06	S	1	2	ID	S	10	21100	INFORMATION SUBSCRIBER	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
	LDUU	S	l'	_	יטו	3	10		ELIGIBILITY OR	^ 1		Time Fenod Qualifier		0, 1, 13, 21 - 36		22	Getvice Teal
63									BENEFIT INFORMATION								
	EB09	S	2	2	ID	S	10		SUBSCRIBER	>1		Quantity Qualifier			Use to identify the type of units that are	DY	Tracked by days
									ELIGIBILITY OR BENEFIT						being conveyed in EB10.		
ا ہے ا									INFORMATION					MN, P6, QA, S7, S8, VS, YY.			
64					<u> </u>]	<u> </u>										

	Α	В	С	D	ΙE	ΙF	G	Н	1	IJ	K	l L	М	N	0	Р	Q
1									Companion F	ile Al		ouple With A T		Transaction	<u> </u>	Tennes	see Specific Values
2	Element ID	Elem Use	Min Len	Max Len	DataT ype	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
65	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
66	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 1 N for rep 2	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
67	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start
	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
68									BENEFIT INFORMATION			i omat Qualifier			Iomai oo miiinbb-oo miiinbb		
69	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
70	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
71	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
72	DTP03	R	1	35	AN	S	20	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
73	2110C: Reps 3 &																Loop 2110C: Reps 3 & 4 (Inpatient Limit Prior Year)
74	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
75	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1						IND	Value 'IND' indicates 'individual'.
76	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						48	Hospital - Inpatient

	Α	В	С	D	Е	F	G	Н	I	J	K	l L	М	N	0	Р	Q
1									Companion F			ouple With A T			_	Tenness	see Specific Values
	Element	Elem Use	Min		DataT ype	Seg	Seg	-		Loop Rep		DED Name	Industry Name or Alias		HIPAA Notes	TN Valid Values	TN Notes
2																	
77	EB04	S	1	3	ID	S	1		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, C0, CP, D, DB, EP, FF, GP, HM, HN HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC		ОТ	
78	EB05	S	1	50	AN	S	1		SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Plan Coverage Description				Inpatient Limits - Prior Year Days	See the Benefit Limits Grid for the definitions of Benefit Indicators.
79	EB06	S	1	2	ID	S	10		INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
80	EB09	S	2	2	ID	S	10		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier			Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
81	EB10	S	1	15	R	S	10		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
82	EB12	S	1	1	ID	S	1		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 3 N for rep 4	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
83	DTP01	R	3	3	ID	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin
84	DTP02	R	2	3	ID	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period Format Qualifier		D8, RD8	DB=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0.
85	DTP03	R	1	35	AN	S	20		INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
86	DTP01	R	3	3	ID	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
87	DTP02	R	2	3	ID	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.

	Α	В	С	D	Е	F	G	Н	1 1	J	K	l L	I M	N	0	Р	Q
1									Companion F			ouple With A 1	TennCare 834			Tennes	see Specific Values
•	Element	Elem	Min	Max	DataT	Seg	Seg		Loop Name			DED Name	Industry Name or		HIPAA Notes	TN Valid	TN Notes
	ID	Use	Len	Len	ype	Use	Rep	ID		Rep	Seq ID		Alias	Values		Values	
2	DTDOO	<u> </u>	4	05	A N I		00	04400	OLIDOODIDED.			Data Time Basis d	Elizibilita za Baza 61				December 04 of princes above during 004
	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
88									BENEFIT INFORMATION								
	2110C:								INFORMATION								Loop 2110C: Reps 5 & 6
89	Reps 5 &																(Substance Abuse Lifetime Limit)
	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
00									BENEFIT			momation		IVI, IVIC, IN-T			
90	EB02	S	3	3	ID	S	1	2110C	INFORMATION SUBSCRIBER	>1						IND	Value 'IND' indicates 'individual'.
									ELIGIBILITY OR								
91									BENEFIT INFORMATION								
	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR	>1						Al	Value 'Al' indicates 'Substance Abuse'.
92									BENEFIT								
JZ	EB04	S	1	3	ID	S	1	2110C	INFORMATION SUBSCRIBER	>1		Insurance Type		12-16, 41-43,	This information qualifies type of policy	ОТ	
									ELIGIBILITY OR BENEFIT			Code		47, AP, C1, CO, CP, D, DB, EP,	within insurance program defined in EB03.		
									INFORMATION					FF, GP, HM, HN			
														HS, IN, IP, LC, LD, LI, LT, MA-			
														MC, MH, MI, MP	,		
														OT, PE, PL, PP, PR, PS, QM,			
														RP, SP, TF, WC,			
93	EB05	S		50	AN	S	1	24400	SUBSCRIBER	>1		Dian Cayarana		WU		#20.000	
	EBUS	5	1	50	AIN	5	ľ	21100	ELIGIBILITY OR	>1		Plan Coverage Description				\$30,000 Lifetime	
94									BENEFIT INFORMATION							Substance Abuse Limit	
	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER	>1		Time Period Qualifier		6, 7, 13, 21 - 36		32	Lifetime
٥.									ELIGIBILITY OR BENEFIT								
95	EB09	S	2	2	ID	S	10	2110C	INFORMATION SUBSCRIBER	>1		Quantity Qualifier	-	99. CA. CE. DB.	Use to identify the type of units that are	LA	Tracked by lifetime dollar usage.
									ELIGIBILITY OR					DY, HS, LA, LE,	being conveyed in EB10.		
00									BENEFIT INFORMATION					MN, P6, QA, S7, S8, VS, YY.			
96	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER	>1		Quantity	Benefit Quantity		Qualified by EB09	-	0 or greater
	=	ľ	ľ		Ĭ.		1		ELIGIBILITY OR	<u> </u>							3
97									BENEFIT INFORMATION								
	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or	Y for rep 5 N for rep 6	Y = Reported by receiving MCC N = Reported by MCC(s) other than the
98									BENEFIT			. toponoc oode			not.		receiving MCC
30	2110C:			\vdash	\vdash	+			INFORMATION								2110C: Reps 7 & 8 (Detox Lifetime10
	Reps 7 &																Day Limit)
99	0												ļ				
	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'. Value being auto plugged by translation
100									BENEFIT					, .,			map.
. 50	EB02	S	3	3	ID	S	1	2110C	INFORMATION SUBSCRIBER	>1			 			IND	
									ELIGIBILITY OR BENEFIT								
101									INFORMATION								

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	BHO 27	71 Un	solic	ited	Eligi	bility	/ Res	ponse	Companion Fi	le Al	ways C	ouple With A T	ennCare 834	Transaction		Tenness	see Specific Values
	Element ID	Elem Use		Max Len	DataT ype			Loop ID		Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
102	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AI	Al' to indicate Substance Abuse Detox.
103	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HM, HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU		ОТ	
	EB05	S	1	50	AN	S	1	21100	SUBSCRIBER	>1		Plan Coverage		WO		Detay Lifetime	Tracked by lifetime days
104	LB03	3	'	30	AIN			21100	ELIGIBILITY OR BENEFIT INFORMATION	71		Description				-10 Day Limit	Tracked by lifetime days
	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Time Period Qualifier		6, 7, 13, 21 - 36		32	Lifetime
	EB09	S	2	2	ID	S	10	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier			Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by lifetime days
106	ED40	0		45	_	0	40	04400		4		Over tite	Daniel Oceanite	00, 70, 11.	Overliffe d by EDOO		0.00
	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
107									BENEFIT INFORMATION								
108	EB12	S	1	1	ID	S	1	2110C	ELIGIBILITY OR BENEFIT	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 7 N for rep 8	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
	SE02	R	4	9	AN	R	1		INFORMATION TRANSACTION SET	1		Transaction Set			Must be identical to the one in SE02		
109	GE01	R	1	6	N0	R			TRAILER FUNCTIONAL			Control Number Number of					
110	GEUI	10	[o	INU	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			GROUP TRAILER			Transaction Sets					
	GE02	R	1	9	N0	R			FUNCTIONAL			Group Control		= GS06		= GS06	
	IEA01	R	1	5	N0	R			GROUP TRAILER INTERCHANGE CONTROL TRAILER			Number Number of Included Functional Groups					
	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	